



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

February 22, 2007

Yvonne Dollins, Administrator
Serenity Guest Home Elderly Care
8618 Ustick Rd
Boise, ID 83704

License #: RC-515

Dear Ms. Dollins:

On December 15, 2006, a state licensure survey was conducted at Serenity Guest Home Elderly Care. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact John Wingate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JOHN WINGATE, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

JW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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December 22, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 1411

Yvonne Dollins, Administrator
Serenity Guest Home Elderly Care
8618 Ustick Rd
Boise, ID 83704

FILE COPY

Dear Ms. Dollins:

Based on the state licensure survey conducted by our staff at Serenity Guest Home Elderly Care on **December 15, 2006**, we have determined that the facility failed to protect residents from inadequate care..

This core issue deficiency substantially limits the capacity of Serenity Guest Home Elderly Care to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **January 29, 2007**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **January 3, 2007**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Yvonne Dollins, Administrator
December 22, 2006
Page 2 of 2

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**January 3, 2007**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **January 3, 2007**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **January 14, 2007**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Serenity Guest Home Elderly Care.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jamie Simpson', with a stylized flourish at the end.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Judy Ripke, Program Manager, Regional Medicaid Services, Region IV - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2006
NAME OF PROVIDER OR SUPPLIER SERENITY GUEST HOME ELDERLY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 8618 USTICK RD BOISE, ID 83704		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The following deficiencies were cited during the standardized survey conducted at your residential care/assisted living facility. The surveyors conducting your survey were:</p> <p>John Wingate, RN Team Coordinator Health Facility Surveyor</p> <p>Patrick Hendrickson, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Survey Definitions: MAR = Medication Assistance Record mg = milligrams mcg = micrograms NSA = Negotiated Service Agreement Q = every UAI = Uniform Assessment Instrument</p>	R 000			
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on interview, observations and record review it was determined the facility failed to</p>	R 008			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2006
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R 008	<p>Continued From page 1</p> <p>provide sufficient supervision to meet the needs for 2 of 3 sampled residents (#1 and #3) and had the potential to affect 100% of the residents in the facility. Additionally, it was determined the facility failed to follow physician's medication orders for 1 of 3 sampled residents (#1) and the facility did not develop a current NSA for 1 of 3 sampled Resident's (#3). The findings include:</p> <p>A. Supervision</p> <p>1. Review of Resident #1's record on 12/14/06 revealed the resident was admitted on 11/12/03 with diagnoses which included osteoarthritis, osteoporosis, edema and hypertension.</p> <p>Review of the resident's UAI dated 5/10/06 documentation in the night needs section, the resident would occasionally ask for a drink or help with toileting.</p> <p>Further review of the resident's record revealed a NSA dated 5/10/06. The NSA documented in the night needs section the resident occasionally needed assistance during the night.</p> <p>On 12/14/06 at approximately 9:45 a.m., a caregiver stated that during the night resident #1 would wake up "disoriented" and requested assistance.</p> <p>On 12/14/06 the resident's room was observed to have no call system in place.</p> <p>On 12/14/06 at approximately 10:08 a.m., the resident stated she was not allowed to get up at night.</p> <p>On 12/14/06 at 9:23 a.m., Resident #2, an alert and oriented resident, stated she heard a noise in</p>	R 008			

Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>the hall and found resident #1 on the floor in the hallway. Resident #2 stated, "I had to use my intercom to call the staff downstairs to help her up because she (Resident #1) said she couldn't get up by herself."</p> <p>On 12/14/06 at 1:00 p.m., the administrator confirmed the resident's NSA and UAI documented that the resident had night needs. Further, she stated that staff sleep in the basement during night shift and staff were not up and awake for residents night needs. The administrator confirmed the facility did not have a call system in place to notify staff of immediate needs.</p> <p>2. Resident #3's history and physical dated 3/11/02, documented she was diagnosed with congestive heart failure, coronary artery disease and had 2+ pitting edema bilaterally to lower extremities.</p> <p>Resident #3's records documented that she was admitted on 3/24/02.</p> <p>Resident # 3's UAI, last signed and dated on 3/25/02, documented the resident suffered from memory loss, anxiety, poor judgment, needed monitoring and guidance in decision making and was hard of hearing requiring bilateral hearing aids. Further, the resident required the use of a walker to ambulate. The "night needs" section of both the UAI and NSA (dated 3/25/02) stated, "If the resident required assistance, the assistance would be available." Additionally, the "Supervision" sections of both the UAI and NSA stated " the resident required assistance to stay oriented to place and time. "</p> <p>Review of the available "as worked schedule"</p>	R 008			

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R 008	<p>Continued From page 3</p> <p>documented no staff were assigned on any night shifts.</p> <p>Observation of 4 residents' rooms revealed the rooms of Resident #1, #3 and one random resident did not have a call system.</p> <p>On 12/15/06 at 11:45 a.m., Resident #3 was observed talking with a surveyor. The resident stated, "you are going to have to show me how to get back to my room."</p> <p>On 12/14/06 at 9:45 a.m., the administrator stated, "My family and I live downstairs. We do not have anyone on the night shift but we are all downstairs sleeping. If the residents need anything we can hear them and are able to help."</p> <p>On 12/14/06 at 10:23 a.m., Resident #2 reported that Resident #3 had wandered into her room on two occasions and used her bathroom. On another occasion resident # 3 tried to come in the room but resident #2 stated, "I blocked her with my walker and we were pushing back and forth until staff came and escorted her away."</p> <p>The facility failed to provide supervision by not being available to assist Residents #1 and #3 with their night needs. Additionally, the facility failed to provide or maintain a facility wide call system for 2 of 3 resident's reviewed and could potentially effect 100% of residents.</p> <p>B. Medications</p> <p>Review of Resident #1's record on 12/14/06 revealed the resident was admitted on 11/12/03 with diagnoses which included osteoarthritis, osteoporosis, edema and hypertension.</p>	R 008			

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R 008	<p>Continued From page 4</p> <p>The resident's UAI dated 5/10/06 documented the facility will store medications and will assist the resident with her medications at proper times.</p> <p>Further review of the resident's record revealed an NSA dated 5/10/06 that documented the facility would assist the resident with her medications to ensure they are taken as prescribed.</p> <p>The resident's record contained a physician's order dated 8/10/06, which documented the resident was to take colace 100 mg twice a day. Further, the record contained another physician's order dated 8/25/06 which documented the resident was to take Arthrotec 50 mg twice a day as needed.</p> <p>On 12/14/06 at approximately 8:30 a.m., the administrator was observed assisting the resident with her morning medications. The resident was not assisted at that time with colace.</p> <p>Resident #1's MAR for October 2006, through December 14, 2006, documented the resident was not assisted with her colace and Arthrotec during that time period.</p> <p>On 12/14/06 at 1:00 p.m., the facility's house manager/administrator confirmed the resident had not received her colace or her Arthrotec from October, 2006 through December 14, 2006.</p> <p>The facility failed to assist with Resident #1's medications as prescribed by her physician. This failure resulted in inadequate care.</p>	R 008			



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Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Serenity Guest Home Elderly Care</i>	Physical Address <i>8618 Ustick Rd</i>	Phone Number <i>208-377-8199</i>
Administrator <i>Yvonne Dollins</i>	City <i>Boise</i>	ZIP Code <i>83704</i>
Survey Team Leader <i>John Wingate</i>	Survey Type <i>Standard</i>	Survey Date <i>12/14/06</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	050.01	The facility failed to submit a written request for variance for bulk medications for residents 1 and 2.		
2	151.01	The facility failed to implement its policies + procedures for activities.	1-14-07	
3	260.04.a	Chemicals in bathrooms and kitchen were not stored under lock and key.	1-14-07	
4	305.01	Nurse did not conduct ^{error} an assessment of resident's #1, 2 and three's response to medications. Nor resident #1's appropriate use of bedrail.		
5	305.02	Facility nurse did not assure medication orders are current for resident #3.		
6	305.03	Facility nurse did not conduct an assessment for a resident who had a change of condition (resident #1) and a newly admitted resident (resident #2).		
7	305.04	^{error} Facility nurse did not make recommendations to administrator for changes needed to NSA (#1 resident)		

Response Required Date <i>12-14-06</i> <i>01/14/07</i>	Signature of Facility Representative <i>Yvonne Dollins</i>	Date Signed <i>12-15-06</i>
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Non-Core Issues
Punch List

Facility Name <i>Serenity Guest Home Elderly Care</i>	Physical Address <i>8618 Ustick Rd</i>	Phone Number <i>208-377-8199</i>
Administrator <i>Yvonne Dollins</i>	City <i>Boise</i>	ZIP Code <i>83704</i>
Survey Team Leader <i>John Wingate</i>	Survey Type <i>Standard</i>	Survey Date <i>12-14-06</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
8.	305.B	The nurse did not assess, document and recommend any health care related educational needs for resident #1 and #2		
9.	310.01	Medications were dispensed from bulk containers.		
10.	310.01A	Medications were in a resident's room not under lock and key. #3		
11.	310.01D	Assistance with medications did not comply with board of nursing rules i.e., touching hands with bare hands, dropping a medication on the floor and giving it to the resident.		
12.	310.02	Expired/expired medications were not destroyed within 30 days.		
13.	405.03	O ₂ tanks were not secured.	<i>July 14 07</i>	
14.	450	The facility did not meet the standards of Idaho Foodcode.	<i>ROS. 07</i>	
15.	620	The facility did not have signed evidence of personnel training.		
16.	625.01	4 of 6 records reviewed had documentation of 16° of job related orientation training.		
17.	625.02	Orientation training was not completed within 1 month of hire for 4 of 6 staff members.		

Response Required Date <i>error DN 12/14/06</i> <i>01/14/07</i>	Signature of Facility Representative <i>Yvonne Dollins</i>	Date Signed <i>12-15-06</i>
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Serenity Crest Home Elderly Care</i>	Physical Address <i>8618 Watnik Rd</i>	Phone Number <i>208 377 8199</i>
Administrator <i>Vonne Dollins</i>	City <i>Boise</i>	ZIP Code
Survey Team Leader <i>John Wingate</i>	Survey Type <i>Standard</i>	Survey Date <i>12/14/06</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
18	630.01	The facility did not provide training (dementia) for Resident #1.	1-14-07	
19	650.04	The facility did not develop a UAI for a private pay Resident and they did not update for a Resident's change of condition (#1) for mental status change.	1-17-07	
20	710.05	Residents #1 + 3's records not contain current medication/treatment orders		
21	711.08	Residents #1, 2 + 3's records did not contain care notes.		
22	711.11	Resident #1's MAR did not document refusing medication and not giving medications taken by the Resident with a reason for the omission.		
23	711.12	PRN medications were not documented for Residents #2 + 3.		
24	730.01	The facility did not maintain or have available a record for each employee.		

Response Required Date

Signature of Facility Representative

Date Signed

01/14/07

Vonne Dollins

12-15-06



ASSISTED LIVING

Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date 01-14-07	Signature of Facility Representative <i>Lucrecia Bellini</i>	Date Signed 12-15-16
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